

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH: County Gila State ARIZONA
Township _____ or Village _____
City _____ No. _____

Full name of child PIPER (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
(If child is not yet named, make supplemental report, as directed.)

Sex Female F If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____
5. Number, in order of birth _____ Full term _____ 8. Date of birth Dec. 30, 1888 193
(Month, day, year)

FATHER		MOTHER	
Full name <u>Piper</u>	18. Full maiden name _____	19. Residence (usual place of abode) (If nonresident, give place and State) _____	20. Color or race _____
Residence (usual place of abode) (If nonresident, give place and State) _____	21. Age at last birthday _____ (years)	22. Birthplace (city or place and State or country): _____	23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
Color or race _____	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	25. Date (month and year) last engaged in this work _____ 193	26. Total time (years) spent in this work _____
12. Age at last birthday _____ (years)	17. Total time (years) spent in this work _____	OCCUPATION	
Birthplace (city or place and State or country): _____	27. Date (month and year) last engaged in this work _____ 193		

Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
If stillborn, { months _____ 29. Cause of stillbirth _____
period of gestation { or weeks _____ Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)
(Signed) J. W. Largent M. D.
or _____ Midwife
Address _____
Filed 2-14-1889, 193

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Registrar.

Registrar.

179-1230-500